



## Medical Necessity Criteria for Tapentadol (Nucynta)

**Drug Class** – Narcotic Analgesics

### Background

After evaluating the relative clinical and cost effectiveness of medications in this class (the narcotic analgesics), the DoD P&T Committee recommended that tapentadol (Nucynta) be designated as non-formulary. This recommendation has been approved by the Director, DHA.

**Effective Date:** 14 April 2010

Patients currently using a nonformulary narcotic analgesic may wish to ask their doctor to consider a formulary alternative.

### Special Notes:

1. Active duty cost share always \$0 in all points of service for all three tiers; Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.
3. Use of narcotic analgesic varies widely among products. Reasonable formulary alternatives for Nucynta within this medication class are presented in the table above.

### Medical Necessity Criteria for Tapentadol (Nucynta)

The non-formulary cost share for Nucynta may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. Use of formulary narcotic analgesics is contraindicated (e.g., due to hypersensitivity to a dye or other inert ingredient) and treatment with Nucynta is not contraindicated.
2. The patient previously responded to Nucynta and changing to a formulary narcotic analgesic would incur unacceptable clinical risk (e.g., loss of pain control). The patient is unable to take oral medications.

*Criteria approved through the DoD P&T Committee process*

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Defense Health Agency,  
a component of the [Military Health System](#)  
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# TRICARE Pharmacy Program Medical Necessity Form for Nucynta (tapentadol)



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This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- Nucynta (tapentadol) is a Schedule II high potency opioid analgesic indicated for short-term therapy in the relief of moderate to severe acute pain. **Nucynta is non-formulary, but available to most beneficiaries at the non-formulary cost share.** Opioid analgesics on the DoD Uniform Formulary include Opana (oxymorphone immediate-release) and multiple generics: codeine, hydromorphone, levorphanol, meperidine, methadone, morphine sulfate immediate-release, and oxycodone immediate-release.
- The purpose of this form is to provide information that will be used to determine if the use of Nucynta instead of a formulary medication is medically necessary. If Nucynta is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover Nucynta for Active duty service members unless it is determined to be medically necessary instead of a formulary medication, in which case it will be available to Active duty service members at no cost share.

<b>MAIL ORDER and RETAIL</b>	<ul style="list-style-type: none"><li>The provider may <b>call: 1-866-684-4488</b> or the completed form may be <b>faxed to: 1-866-684-4477</b></li><li>The patient may attach the completed form to the prescription and <b>mail</b> it to: <b>Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b> or <b>email</b> the form only to: <b>TPharmPA@express-scripts.com</b></li></ul>	<b>MTF</b>	<ul style="list-style-type: none"><li>Non-formulary medications are available at MTFs only if <b>both</b> of the following are met:<ul style="list-style-type: none"><li>The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.</li><li>The non-formulary medication is determined to be medically necessary.</li></ul></li><li>Please contact your local MTF for more information. There are no cost shares at MTFs.</li></ul>

## Step 1 Please complete patient and physician information (please print)

Patient Name:	_____	Physician Name:	_____
Address:	_____	Address:	_____
Sponsor ID #	_____	Phone #:	_____
Date of Birth:	_____	Secure Fax #:	_____

## Step 2 Please explain why the patient cannot be treated with a formulary medication:

Please explain why the patient cannot be treated with a formulary medication. A specific written clinical explanation is required for each formulary medication.

Formulary Medication	Reason	Clinical Explanation
Codeine	1	
Hydromorphone	1	
Levorphanol	1	
Meperidine	1	
Methadone	1	
Morphine sulfate IR	1	
Opana (oxymorphone IR)	1	
Oxycodone IR	1	

Acceptable clinical reasons for not using a formulary medication are:

- Use of the formulary opioid analgesic is contraindicated (e.g., due to hypersensitivity).

## Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

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Prescriber Signature

Date

Latest revision: Sept. 28, 2011